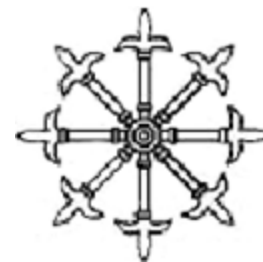


Injury Report Form



This form should be used only if the injury is serious enough that it requires medical attention. Be as objective as possible.

You MUST send a report within 24 HOURS of the injury to:

[The Kingdom Earl Marshal](#)

[The Kingdom Seneschal](#)

[The Kingdom Chirurgeon](#)

Group Name: _____ Date Of Event: _____

Submitted By: _____
Society Name

Submitted By: _____
Mundane Name

Submitted By Address: _____

Submitted By City, State & Zip: _____

Submitted By Phone Number: _____

Submitted By Email: _____

Event Name: _____

Event Location: _____

Site Chirurgeon: _____
Society Name

Site Chirurgeon: _____
Mundane Name

Injured Party: _____
Society Name

Injured Party: _____
Mundane Name

Injured Party Address*: _____

Injured Party City, State, & Zip*: _____

Injured Party Phone Number*: _____

Injured Party Email*: _____

***Note:** The injured party is not required to disclose the above information. They are required to seek medical assistance.

